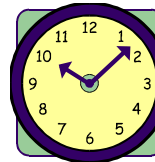




Bimonthly Interim Questionnaire



◀ Fill out this page prior to interview ▶

A1. STUDY ID _____

A2. BIMONTHLY INTERVIEW NUMBER	1	2	3	4	5	6	99
[Please do not omit]							(DK)

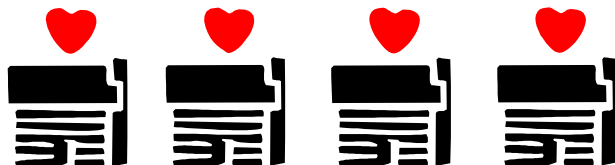


A3. INTERVIEW DATE
(MM/DD/YY) _____

A4. INTERVIEWER'S
INITIALS _____

A5. LANGUAGE OF INTERVIEW	English	1
	Spanish.....	2
	Vietnamese	3
	Other	4

A6. INTERPRETER PRESENT	Yes	1
	No	2



◀Read to subject▶

Hello. I am calling you from the Healthy Homes Project (add if needed: the project that is working with you and [CHILD] to help control [CHILD's] asthma). It's time for the every two-month interview. Is [PRIMARY CAREGIVER] available to talk? I hope this a good time to talk for 15 or 20 minutes.

◀If not a good time to talk or not available, ask▶

OK, when would be a better time to talk? I will call back then.

TIME: _____ am/pm DATE: _____

What phone number should I use? _____

OK, to confirm, I'll call you back on DATE and TIME at PHONE NUMBER.
Thanks, and I look forward to talking with you then.

◀If OK time to talk, continue with survey▶

Introduction: The purpose of this survey is to collect information about your child's asthma.

Some questions will be about your child's asthma symptoms and the time you spent on household chores during the 2 weeks before the interview. Other questions will be about your child's health and how much you spent of your own money on treatment and prevention of asthma during the last 2 months.

If there is a question you do not want to answer, please let me know and we can skip it. All of your responses are confidential and will not affect any of the services you receive at the clinic or from your provider.

I hope you received the diary from the CHES or in the mail a few weeks ago for you to fill out in order to make answering the questions easier.

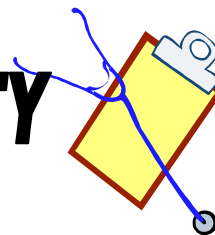
A7. Did you fill out the diary?

Yes	1
No	2

Great! Shall I wait while you get it?

No problem! Let's just go on with the interview.

MEASURES OF MORBIDITY



Instructions for interviewer:

1. Check calendar for date 2 weeks before today, and use that date when you read the following statement.
2. Read: **“This section is about how often your child was sick in the last two weeks. That is, since _____. It is important to be as accurate as possible”.**

MM1. During these past 14 days, about how many **days** did [CHILD] have wheezing or tightness in the chest or cough?

Number of days: (Don't know = 99)

MM2. During these past 14 days, about how many **days** did [CHILD] have shortness of breath *because of asthma*?

Number of days: (Don't know = 99)

MM3. During these past 14 days, about how many **days** did [CHILD] have to slow down or stop his/her play or activities *because of asthma, wheezing, tightness in chest or cough*?

Number of days: (Don't know = 99)

MM4. During these past 14 nights, about how many **nights** did [CHILD] wake up because of wheezing or tightness in the chest or cough?

Number of nights: (Don't know = 99)

MM5. During these past 14 days, about how many **days** did [CHILD] have *any* Asthma symptoms (wheezing, slow play, waking up or any others) of these effects?

Number of days: (Don't know = 99)

MM6. During the past 14 days, did [CHILD] use any of the following asthma reliever medicines by either inhaler, puffer, nebulizer (breathing machine) or by mouth? IF NONE SKIP TO MM7

	Yes	No	
Albuterol (ventolin, proventil, airt)	1	2	
Metaproterenol (alupent).....	1	2	
Pirbuterol (maxair)	1	2	
Terbutaline (brethaire, brethine)	1	2	
Isoetharine (bronkosol)	1	2	
Other short acting beta ₂ -agonist	1	2	Specify _____
Don't know (go to MM9).....	9		None: Go to MM9

MM6a. **[If any use ask]:** On about how many of the past 14 days did [CHILD] use this medicine?
Number of days..... (Don't know = 99)

MM7. During the past 14 days, about how many **days** did [CHILD] use any NON-prescription asthma medicines such as: Primatene Mist, Bronkosol Mist, etc.
 Number of days (Don't know = 99)

Name of Med #1
 Name of Med #2
 Name of Med #3

MM8. During the past 14 days, about how many **days** did [CHILD] have to use extra (more than the usual amount) asthma medicines to control his/her asthma?
 Number of days (Don't know = 99)

MM9. Does [CHILD] usually attend daycare, preschool or school?
 Yes 1
 No 2 GO TO MM10



MM9a. How many days in the last two weeks was the daycare, preschool or school open?.....	<input type="text"/>
MM9b. During the past <i>two weeks</i> , how many days did [CHILD] miss daycare, preschool or school <i>for any health related reason?</i>	<input type="text"/>
MM9c. How many of those days did [CHILD] miss daycare, preschool or school <i>because of asthma?</i>	<input type="text"/>

MM10. During the past 14 days, how many days or nights, *because of [CHILD'S] asthma*, did YOU:
 a) Wake up or lose sleep? Days or nights
 b) Change your daytime or evening plans? Days
 c) Miss YOUR work or school? Days

MM11. During the past 14 days, how many days or nights, *because of [CHILD'S] asthma*, did other adults:
 a) Wake up or lose sleep? Days or nights
 b) Change their daytime or evening plans? Days
 c) Miss their work or school? Days

MM12. During the past *two weeks*, did [CHILD] have any of the following illnesses? READ RESPONSES, CIRCLE ALL THAT APPLY.

	Yes	No
Cold.....	1	2
Fever	1	2
Flu	1	2
Ear infection.....	1	2
Runny nose	1	2
Sore throat.....	1	2
Don't Know	9	

CLEANING



C1. During the last 2 weeks, how many times did you vacuum the floor of the room in which [CHILD] sleeps?

None.....	0	C15
1	1	C15
2	2	C15
3	3	C15
4	4	
5+	5	
Don't Know	9	C15

C2. During the last 2 weeks, how many times did you vacuum the floors of the other rooms in the house?

None	0	C17
1	1	C17
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	C17

C3. During the last 2 weeks, how many times did you vacuum the upholstered furniture in the home?

None	0	C92
1	1	C92
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	C92

C4. During the last 2 weeks, how many times did you dust the room in which [CHILD] sleeps?

None	0	C20
1	1	C20
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	C20

C5. During the last 2 weeks, how many times did you dust the other rooms in the house?

None	0	C20
1	1	C20
2	2	
3	3	
4	4	
5+	5	
Don't Know	9	C20

C6. During the last 2 weeks, how many times did you mop the kitchen or cooking area floor?

None	0	C20
1.....	1	C20
2.....	2	
3.....	3	
4.....	4	
5+.....	5	
Don't Know.....	9	C20

C7. During the last 2 weeks, how many times did you scrub the wall tiles?

None	0	C20
1.....	1	C20
2.....	2	
3 or more	3	
No bathroom.....	4	
Don't Know.....	9	C20

C8. During the last two weeks, how many times did you wash your child's sheets and pillowcases? C37

None	0	C37
1.....	1	
2.....	2	
3 or more	3	C37, C38
Don't know.....	9	

C9. During the last 2 weeks, how much time did you or other adults spend on prevention chores such as vacuuming, dusting, washing linen, scrubbing walls, mopping floors and other activities to help control asthma?

None	0
Less than one hour	1
1-2 hours	2
2-3 hours	3
3-4 hours	4
4-5 hours	5
5-6 hours	6
6-7 hours	7
7-8 hours	8
More than 8 hours.....	9
Don't Know	99

➔How many? _____

C10.

During the last 2 weeks, how much time did a child spend on prevention chores such as vacuuming, dusting, washing linen, scrubbing walls, mopping floors and other activities to help control asthma?
(Probe - repeat list as in ES43 if necessary).

None

Less than one hour

1-2 hours

2-3 hours

3-4 hours

4-5 hours

5-6 hours

6-7 hours

7-8 hours

More than 8 hours

Don't know

0

1

2

3

4

5

6

7

8

9

99

→How many? _____

C11.

During the past 2 weeks, how much time did you or other adults spend treating your child's asthma, such as going to the clinic or doctor, or giving medicine at home?

None

Less than one hour

1 to 2 hours

2 to 3 hours

3 to 4 hours

4 to 5 hours

5 to 6 hours

6 to 7 hours

7 to 8 hours

More than eight hours

Don't Know

0

1

2

3

4

5

6

7

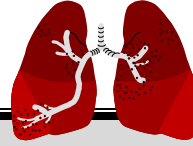
8

9

99

→Specify _____

ASTHMA SYMPTOMS REQUIRING TREATMENT



Instructions for interviewer:

1. Check calendar for date 2 months before today. Use that date when you read the following statement.
2. Read: **“Now I am going to ask you some questions about the last TWO MONTHS, that is since _____. It is important to be as accurate as possible.”**

MM13. During the past 2 months, did [CHILD] have to stay overnight in the hospital for any reason?

- Yes [ANSWER MM13a-MM13f]
 No [SKIP TO MM14]

MM13a. How many times?..... stays

[Start with the most recent hospitalization and complete the grid below. Use calendar.]

MM13b. When was the last time [CHILD] was in the hospital overnight?

MM13c. How many days was [CHILD] in the hospital then?

MM13d. What was the main reason that [CHILD] was hospitalized that time?
 [DO NOT READ LIST. USE CODES BELOW.]

- Asthma
 Other.....
 Don't know.....

MM13e. Was [CHILD] in the ICU?

- Yes.....
 No.....

MM13f. What was the name of the hospital?

	b. Date	c. Days	d. Reasons	e. ICU	f. Hospital
1. MOST RECENT:	_____	_____	_____	_____	_____
2. MOST RECENT #2:	_____	_____	_____	_____	_____
3. MOST RECENT #3:	_____	_____	_____	_____	_____
4. MOST RECENT #4:	_____	_____	_____	_____	_____

MM14. Not counting hospitalizations, during the past 2 months, did [CHILD] go to an emergency room for any reason?

Yes.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 </div>	[ANSWER MM14a-MM14f]
No.....		[SKIP TO MM15]

MM14a. How many visits? visits

[Start with the most recent visit and complete the grid below for up to 6 visits. Use calendar.]

MM14b. When was the (last) time?

MM14c. Was that visit for asthma or another reason?

Asthma	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 9 </div>
Other.....	
Don't know.....	

MM14d. What was the name of the emergency room?

	b. Date	c. Reasons	d. Name of ER
1. MOST RECENT:	_____	_____	_____
2. VISIT #2:	_____	_____	_____
3. VISIT #3:	_____	_____	_____
4. VISIT #4:	_____	_____	_____
5. VISIT #5:	_____	_____	_____
6. VISIT #6:	_____	_____	_____

MM15. Not counting hospitalizations or emergency room visits, during the past 2 months, did [CHILD] see a doctor or health care provider for any reason? Include visits to a doctor’s office, or a clinic, but not the emergency room.

Yes.....	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">1</div>	[Answer MM15a-MM15e]
No.....	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">2</div>	[SKIP TO AC1]

MM15a. How many times? times

[Start with the most recent visit and complete the grid below for up to six visits. Use calendar.]

MM15b. When was the (last) visit?

MM15c. Was that visit for asthma or another reason?

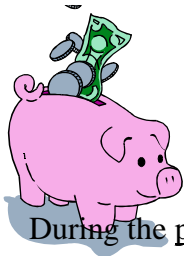
Asthma	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">1</div>
Other.....	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">2</div>
Don’t know.....	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">9</div>

MM15d. Was that an appointment that was scheduled at a clinic at least 24 hours ahead?

Clinic, scheduled	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">1</div>
Clinic, unscheduled	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">2</div>

MM15e. What was the name of the clinic?

	b. Date	c. Reason	d. Scheduled/ Unscheduled	e. Name of Clinic
1. MOST RECENT:	_____	_____	_____	_____
2. MOST RECENT #2:	_____	_____	_____	_____
3. MOST RECENT #3:	_____	_____	_____	_____
4. MOST RECENT #4:	_____	_____	_____	_____
5. MOST RECENT #5:	_____	_____	_____	_____
6. MOST RECENT #6:	_____	_____	_____	_____



ACCESS TO CARE

- AC1. During the past 2 months, how much did you spend out-of-pocket for each of the following items related to treatment of your child's asthma?

Please read all items. Then ask respondent if he/she would like to give an amount for each item or a total for all items together. Proceed with responses either for each item or all items together.

Item	in whole dollar amounts (none=0)
Outpatient care (doctor, lab, exam, etc.).....	
Hospital care	
Medications.....	
Travel (bus, taxi, gasoline, parking, etc.)	
Caretaker or babysitter.....	
Other expenses (Please specify:)	
All items together	

- AC2. During the past 2 months, how much money did you spend on the following items? Please tell me in whole dollar amounts.

Please read all items. Then ask respondent if he/she would like to give an amount for each item or a total for all items together. Proceed with responses either for each item or all items together.

Item	in whole dollar amounts (none=0)
Cleaning products	
Eucalyptus oil	
Sealed food containers	
Garbage can with covers.....	
Remove cloth covered furniture and replace it with some other type of furniture	
Blinds or other curtain replacements	
Remove carpeting and replace with other flooring.....	
Filters for furnace or air heating/cooling outlets	
HEPA air filter unit.....	
Bedding (sheets, pillows, pillow cases, blankets).....	
Ventilation fan	
Repairs to walls, plumbing, basement, etc. related to child's asthma	
Other (Please specify:).....	
All items together	